

**ATLANTA POLICE DEPARTMENT**  
**Division of Taxicabs and Vehicles for Hire**

**Consent Form**

**I hereby authorize the Atlanta Police Department, Division of Taxicabs and Vehicles for Hire to receive any criminal history, record, or information pertaining to me, which may be in any national, state, or local criminal justice agency(ies) in the United States of America.**

\_\_\_\_\_  
Full Name (Please Print Only)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

**I further state that I have/have not been convicted, paroled or placed on probation.**

**The following yes/no answers are correct concerning my criminal history.**

**Have you been charged or convicted of the following offenses:**

	<b>Yes</b>	<b>No</b>
<b>Criminal Homicide</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Robbery</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aggravated Assault</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Burglary</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rape</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Molestation</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aggravated Battery</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Suspended License</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disorderly Conduct</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Driving Under the Influence (DUI)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kidnapping</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leaving the scene of an accident</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Felony involving motor vehicle</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Any law involving theft/violence</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Any sale, possession, or distribution of narcotics of drugs</b>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

Social Security Number

---

Signature

---

Date

**This authorization is valid for 90 days from the date of signature.**